



GOLD COAST COLONY

Report

on the

Medical Department

for the year

1946

GOLD COAST

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Annual Medical Report for the Year 1946

I—PUBLIC HEALTH

(A) SUMMARY OF IMPORTANT EVENTS

The standard of service maintained in all branches of the Department throughout the year was as satisfactory as the staff position allowed. Although the recruitment of Medical Officers and Nursing Sisters improved towards the end of the year, shortage of staff was still acute. It was, however, possible to avoid further curtailment of hospital services. Apart from increased prices and some delay, little difficulty was experienced in obtaining essential medical supplies.

2. The Department is grateful to the Temporary Nursing Sisters who helped to remedy the shortage of regular Nursing Sisters and who gave invaluable service in times of difficulty.

Much credit is also due to senior members of the African Nursing Staff who, on occasion, carried out the onerous duties of Nursing Sisters when the latter were not available.

3. During the year the following changes in regard to personnel occurred. Dr. J. G. S. Turner, Deputy Director of Medical Services, was promoted to fill the vacant post of Director. Dr. J. H. Dobbin, Medical Officer of Health, was promoted to the post of Assistant Director of Medical Services in the place of Dr. D. Lennox, who retired owing to ill-health. Dr. R. Ramsay, Medical Officer of Health, was promoted Senior Health Officer. Miss G. R. Mutton, M.B.E., Senior Nursing Sister, was promoted to the post of Matron, Gold Coast. Two Medical Officers were promoted to specialist posts outside the Colony, Dr. L. Goodman as Surgical Specialist, Aden and Dr. P. C. Cosgrove as Medical Specialist, Sierra Leone. Three Medical Officers were transferred to other Colonies, Dr. H. G. H. Waters to Kenya on discharge from the Army, Dr. P. R. Cooper to Nigeria, and Dr. G. A. Mott to Malaya. One Medical Officer, Dr. M. A. Cave, resigned his appointment. Five Nursing Sisters, who resigned their appointments on marriage, joined the ranks of the Temporary Nursing Sisters.

4. The following officers retired or proceeded on leave prior to retirement: Dr. W. M. Howells, Deputy Director of Medical Services, Dr. C. B. Jennings, Assistant Director of Medical Services, Dr. H. P. Fowler, Senior Health Officer, Dr. A. M. Gillespie, Senior Specialist and Drs. V. E. Critien, W. N. Greer and E. M. Fraser, Senior Medical Officers. Miss M. A. Henry, who held the post of Matron, also retired. Four Medical Officers, one Senior Nursing Sister and a Chief Accountant and Executive Officer were invalided out of the Service.

5. Eight Medical Officers, one Dental Surgeon, ten Nursing Sisters, one Limb Fitting Superintendent, one Nutrition Officer, one Radiographer, one Radiographer-Mechanic, one Sister Tutor, and one Science Mistress were appointed during the year. The duties of the last two were in connection with the Nurses' Training School. One Medical Officer, Dr. C. Odamtten-Easmon, was granted study leave in the United Kingdom for the purpose of obtaining the diploma of Fellowship of the Royal College of Surgeons.

6. Three Medical Scholars proceeded to the United Kingdom during the year, but no Government Dental Scholarship was awarded. There were at the end of the year eighteen Government Medical Scholars in the United Kingdom, one of whom was self-supporting, and four Government Dental Scholars, one of whom was also self-supporting.

7. During the year 16 students—seven Government and nine private—passed the Druggists Examinations held in January and July. Four Second Division Nurses, three male and one female, passed the Certificate of Nursing Examination and were awarded certificates. At an examination for the Midwives Board Certificate held in March, four Pupil Midwives qualified; one of the successful candidates was a member of the Nursing Service. At the September examination, seven Pupil Midwives qualified as Midwives and again one was a member of the Nursing Service. Eight of the successful candidates have been appointed Government Midwives. At the end of the year, 42 Pupil Inspectors and 16 Candidates-under-Test were attending the Sanitary Inspectors' Training School and a number of Second Division Sanitary Inspectors were taking refresher courses. In August ten candidates sat the examination for the Certificate of the Royal Sanitary Institute but only three were successful.

8. Owing to difficulty in obtaining materials the construction of new buildings was limited. A Maternity Ward of 12 beds was built in connection with the Kumasi African Hospital. The question of a new general hospital at Kumasi, with over 400 beds and at an estimated cost of over £500,000, was under consideration. The difficulty of obtaining a suitable site and the shortage of architectural staff in the Public Works Department have delayed progress in this matter.

Arrangements were made with a firm of London architects to prepare plans for a new Mental Hospital, also at Kumasi. When this is completed it will replace the Mental Hospital at Accra which is overcrowded and very unsatisfactory.

Plans for a 60 bedded hospital at Bolgatanga in the Northern Territories have also been drawn up. The cost is estimated at £60,000. The buildings of the Sanitary Inspectors' Training School at Accra have not yet been completed but it is hoped that materials necessary to complete the work will shortly be available.

9. The Limb Fitting Centre was taken over from the Military Authorities in March, 1946, and continued to supply artificial limbs and surgical appliances to military and civilian cases. The Centre is staffed by a European Superintendent, six Italian ex-prisoners of war and one African who was trained in the United Kingdom. With the completion of the new workshops and fitting rooms at Korle Bu early in 1947, it is hoped to train African personnel to replace the Italians. During the year under review, the Centre supplied 15 legs, two arms, and five surgical appliances to the War Department. The limbs supplied are of very high quality and were made almost entirely from local materials. The Centre also carried out a number of useful repairs to medical equipment for the Department. Towards the end of the year, however, plans were being considered for the transfer of the major work of the Centre to the Limb Fitting Centre at Lagos, Nigeria, leaving only minor repairs and alterations to be carried out at Accra.

10. Owing to difficulty in obtaining materials the Nurses' Training School at Korle Bu, Accra, was not completed during the year but it is expected that the work will be completed during 1947. Until then the training centre must continue at Kumasi. The course of training for pupil nurses consists of the following :

- (a) A post-primary school period of one year at Achimota College for those girls who have not already passed the Senior Cambridge Examination or its equivalent. The subjects chosen for teaching are those which will be of greatest assistance to the pupils in the later period of training.
- (b) A preliminary nursing period of four months at the Training School to judge a pupil's suitability for nursing and to give her a grounding in elementary theory.
- (c) A general nursing course of three years.

and (d) A specialised course of one year.

It is hoped that this course will produce a nurse with a standard of training equal to that given in the United Kingdom. The training staff of the School was completed during the year with the exception of one English Mistress. The number of trainees at the School, including those at Achimota, at the end of 1946 were :—

Post-primary period at Achimota College	...	40
Preliminary Nursing Class	17
First year General Nursing Course	19
Second year General Nursing Course	4

11. Two important Ordinances were passed by Legislative Council during the year. One of these, the Nurses Ordinance, will come into operation in 1947. The Ordinance establishes a Nurses' Board which has power to regulate training, to lay down standards and to take such measures as are necessary in the interests of the profession as a whole. The other is the Pharmacy and Poisons Ordinance the need for which had been felt for some time. It came into force on the 1st November, 1946. There were no new Ordinances, or important amendments to existing Ordinances, relating to public health matters.

12. A programme showing proposed hospital development over a period of ten years was prepared. It includes the building of several new hospitals as well as major improvements to existing ones. It is hoped a start will be made on the building programme during 1947. Plans for an efficient ambulance service were also completed.

13. The anti-malarial schemes for Accra and Takoradi have been maintained during the year though, with the departure of military personnel, this has been on a considerably reduced scale. Dr. Bruce Wilson's comprehensive report on these schemes is still under consideration.

As regards general sanitation, there is little to record except that as good a standard as possible was maintained ; shortage of senior staff and of material has prevented much progress being made.

14. Attendances at the various Child Welfare and Ante-Natal Clinics continue to increase. The centres in Accra, Kumasi and elsewhere continue to grow in popularity and mothers and their babies are reporting in increasing numbers. There are private midwives in practice in most of the larger towns. In the smaller towns and rural areas private midwives are granted a subsidy to assist them in establishing themselves in practice but, in spite of this, midwives are reluctant to leave the larger centres. Until the supply of midwives in the larger towns exceeds the demand, there is little prospect of their taking up practice in the smaller towns and villages where their services would be of inestimable value in reducing the high maternal and infant mortality which result from the unavoidable activities of untrained women. For this reason, great importance is attached to a substantially increased output of qualified midwives from Government Training Centres.

15. The Gold Coast Branch of the British Red Cross Society continues to flourish and has been generously supported by the public during the year. Donations were made to various worthy causes, the largest being the sum of £2,879 to the Gold Coast Legion for the welfare of demobilised soldiers. The appointment of a full-time organiser by the parent body in London was approved.

16. *Smallpox*.—There were several widespread outbreaks of smallpox as was the case in the previous year. In the Northern Territories an outbreak of smallpox was reported from the Gonja district during the early part of the year and lasted until the middle of May. Four hundred and eleven cases were reported with 73 deaths. Later, another outbreak occurred in the Bawku, Navrongo and Tamale areas, and a total of 478 cases with 111 deaths were recorded up to the end of the year.

Other small outbreaks occurred in different parts of the country including British Mandated Togoland. But it was only in the Keta district of the Colony that the outbreak again reached epidemic proportions with 284 cases and 84 deaths.

A total of 1,646 cases, with 330 deaths, were reported from the whole of the Gold Coast during the year.

Vigorous preventive measures were taken in all affected places and a total of 549,341 vaccinations and re-vaccinations were carried out.

17. *Cerebro-spinal Meningitis*.—Sporadic cases of cerebro-spinal meningitis began to occur early in the year in widely separated areas of the Northern Territories. These were followed by continued reports of small outbreaks from the areas of Navrongo, Gambaga, Bawku and Wa-Lawra. It was only in the Navrongo-Gambaga areas, however, that the outbreak assumed epidemic proportions. In this area the incidence of cases commenced to rise sharply in the second week of February and continued till the third week of April, after which the epidemic rapidly abated and was over by the middle of May.

In this outbreak there was a total of 620 cases, with 150 deaths, in all the areas affected by the disease. Sporadic cases occurred also in other parts of the Northern Territories and in Ashanti and the Colony.

A total of 719 cases, with 156 deaths, occurred throughout the whole country during the year.

18. *Yellow Fever*.—No proved case of yellow fever occurred during the year. The number of house-to-house inspections carried out for prevalence of mosquito larvae reached a total of 3,406,993.

19. The Yaws Campaign was extended to Western Dagomba and the whole of the Dagomba country, which includes Yendi and Tamale districts, has now been surveyed and mass-treated. Treatment is being repeated in certain zones. The total number of cases treated by the campaign for all forms of yaws was 20,609. The number of cases treated during the year at the different centres reached a grand total of 141,888.

20. The Leper Settlement at Ho, which has been in existence for 20 years, has continued its good work. The British Council has been very generous in sending large numbers of children's books and pamphlets for the school. They also send illustrated magazines each month. Dr. Muir, Secretary of the British Empire Leprosy Relief Association, visited the Settlement during the year and noted that about 100 of the lepers were fit to return to their homes. Unfortunately, however, such cases were most unwilling to leave the Settlement and relatives were equally unwilling to have them. The solution would appear to be the provision of a separate settlement, run on welfare lines, for such homeless cases.

21. The Mental Hospital, with over 650 patients, has continued its work under very adverse conditions but with surprisingly good results. The hospital, as already stated, is seriously overcrowded and lacking most of the facilities which are essential in such an institution. The staff of the hospital carry on with patience and perseverance in the face of great difficulties and they deserve the greatest credit for their work. Many improvements in buildings, water supplies and sanitation will be necessary to enable this hospital to carry on with any degree of satisfaction pending the erection of the new Mental Hospital at Kumasi.

(II) IMPORTANT DISEASES TREATED DURING THE YEAR

22. *Diseases of the Enteric Group* (1) (*a, b and c*).—Two hundred and twenty-six cases, 26 of which were fatal, were treated. During the previous year 195 cases were treated with 30 deaths.

23. *Smallpox* (5).—A total of 377 cases were treated in established hospitals. There was only one death. The corresponding figures for the previous year show seven cases treated with no death.

24. *Diseases of the Dysenteric Group* (12).—Two thousand four hundred and forty-seven cases were treated, 52 ending fatally. Of the total number of cases, 937, with 31 deaths, were amoebic in type.

25. *Cerebro-spinal Fever* (16).—Two hundred and seventy-nine cases were treated in established hospitals. Sixty-three died.

26. *Rabies* (17).—There were five fatal cases during the year.

27. *Tetanus* (18).—Two hundred cases were treated with 45 deaths—a decrease in the previous year's figures of 255 cases with 51 deaths.

28. *Tuberculosis of the Respiratory System* (19).—Two thousand and seventeen cases were treated with 248 deaths. These figures represent 9·8 per cent of all deaths in hospitals from all causes—a decrease of 1·1 per cent on the figure for 1945. In the Registration Areas of the Gold Coast pulmonary tuberculosis was responsible for 101 per thousand registered deaths—*vide* Table (IV) page 9.

29. *Other tuberculous diseases* (20).—Three hundred and seventeen cases of these conditions were treated, being 13·6 per cent of cases due to all forms of tuberculosis: There were 17 deaths.

30. *Leprosy* (21).—Eight hundred and ninety-two in-patients and 540 out-patients were treated, compared with 854 and 510 during the previous year. There are Leper Settlements at Ho, Accra, Kumasi, Sekondi and Yendi. With the exception of that at Ho, these settlements are little more than refuges. On 31st December, 1946, there were remaining at Ho 287 males and 166 females. During the year 80 cases were arrested, 109 were greatly improved, 86 were improved, 33 were slightly improved, 86 showed no change, 59 worsened, 24 died, 87 were discharged, and 44 ran away.

31. *Venereal diseases* (22).—One thousand and eighty-eight cases of syphilis were treated, with seven deaths. This shows a marked increase (437) over the figures for the previous year. Gonorrhoea and its complications accounted for 10,943 cases with 29 deaths compared with 9,468 cases and 32 deaths in 1945.

32. *Yellow Fever* (23).—No case of Yellow Fever was reported during the year under review.

33. *Malaria* (24).—There was a slight decrease in the cases of malaria treated during the year as compared with 1945. The figures for 1946 are 47,861 with 91 deaths, while in 1945 there were 48,898 cases with 80 deaths. The percentage of deaths from this condition to all deaths in hospitals was 3·6 and in all the Registration Areas it was responsible for 85 deaths per 1,000 registered deaths.

34. *Blackwater Fever* (25).—Thirty cases of blackwater fever occurred during the year with five deaths, as compared with 37 cases with six deaths in 1945.

35. *Trypanosomiasis* (27).—A total of 3,387 cases were treated during the year with 58 deaths. In 1945, the total number of cases treated was 3,920 with 80 deaths.

36. *Yaws* (28).—One hundred and thirty-three thousand eight hundred and seventy-six cases with four deaths were treated during the year compared with 155,068 cases with four deaths in 1945. For fuller details of the Yaws Campaign, see paragraph 19 of this Report.

37. *Helminthic diseases* (30, 31, 32).—A total of 12,571 cases were treated with 66 deaths. The chief infections were ankylostomiasis—4,414 cases with 43 deaths—and schistosomiasis—2,093 cases with 10 deaths.

38. *Cancer and other tumours* (34).—There were 179 malignant tumours with 19 recorded deaths and 645 non-malignant tumours with nine recorded deaths. In 1945, the figures were 164 malignant tumours with 17 deaths and 893 non-malignant tumours with 12 deaths.

39. *Rheumatic conditions* (35).—Seventy cases of Rheumatic Fever were reported. There were no deaths. Other rheumatic conditions accounted for 18,385 cases with three deaths.

40. *Nutritional Diseases* (37, 38, 39 and 40a).—The reader is referred to paragraph 53 for further comments on nutrition in the Gold Coast.

TABLE I

	1945		1946		+ Increase — Decrease
	Cases	Deaths	Cases	Deaths	
Scurvy (37)	14	—	15	2	+ 1
Beriberi (38)	38	3	12	2	— 26
Pellagra (39)	103	6	75	6	— 28
Other nutritional diseases (40a) ...	2,064	35	1,845	69	—219
Total	2,219	44	1,947	79	—272

41. *Affections of the respiratory system* (49, 50 and 51).—Bronchitis accounted for 18,537 cases with 16 deaths; broncho-pneumonia 888 cases with 96 deaths; lobar pneumonia 1,492 cases with 61 deaths, and undefined pneumonia 743 cases with 31 deaths. This gives a total of 3,123 cases of pneumonia with 188 deaths.

42. *Nephritis (all forms)* (58).—Seven hundred and twenty cases with 55 deaths were recorded. The corresponding figures for 1945 were 1,052 cases with 69 deaths.

43. *Pregnancy, Childbirth, etc.* (60).—Thirty-nine thousand and forty-nine cases were recorded under this head with 233 deaths. For further details consult Table VIII.

III—VITAL STATISTICS

44. The estimated population, as in previous years, must be regarded as liable to error as no census has been taken since 1931.

(i) GENERAL POPULATION

TABLE II

	1946	
		Total number registered
Total estimated population	3,962,692	—
Estimated population of Registration Areas	355,780	—
*Birth-rate per 1,000 persons living	39.7	14,454
*Death-rate per 1,000 persons living	25.5	9,294
Infantile mortality rate	110	1,589
Stillbirth-rate per 1,000 total births	68	980
Maternal mortality per 1,000 total births	17	260
Deaths from respiratory diseases per 1,000 deaths registered	117	1,091
Deaths from pulmonary tuberculosis per 1,000 deaths registered	101	940
Deaths from intestinal diseases per 1,000 deaths registered	59	551
Deaths from malaria per 1,000 deaths registered	85	789
Deaths due to starvation	40	—

* Weighted average.

45. The following tables compare the rates recorded for 1946 with those returned for 1945 :—

TABLE III
DECREASES

	1945	1946
Death-rate per 1,000 persons living	26·2	25·5
Infant mortality rate	119	110
Deaths from respiratory diseases per 1,000 deaths registered	124	117
Deaths from intestinal diseases per 1,000 deaths registered	65	59
Deaths from malaria per 1,000 deaths registered	88	85
Stillbirth-rate per 1,000 total births registered	70	68
Maternal mortality per 1,000 total births	18	17
Deaths due to starvation	45	40

TABLE IV
INCREASES

	1945	1946
Birth-rate	37·4	39·7
Deaths from pulmonary tuberculosis per 1,000 deaths registered	99	101

(ii) GENERAL EUROPEAN POPULATION

TABLE V

	Official	Non-official	Total
Number of Europeans resident	905	3,143	4,048
Number invalided	34	56	90
Number of deaths	1	11	12

46. Compared with 1945, the number of Europeans resident rose by 605 while the invalidings dropped by 22 to 90. The number of deaths dropped from 18 to 12.

47. The causes of invalidings of European officials were chronic malaria 4 ; dermatitis 2 ; indifferent health and mental depression 13 ; fracture of lumber vertebrae 1 ; bronchitis 1 ; boils and sepsis 5 ; blackwater fever 1 ; headaches 2 ; urethritis 1 ; cholecystitis 1 ; myelitis 1 ; pyloric stenosis 1 ; ulcer of leg 1.

48. The causes of invalidings of non-official Europeans were : nervous conditions 10 ; debility 12 ; malaria 8 ; diseases of liver 2 ; dermatitis 2 ; pulmonary tuberculosis 4 ; diseases of the stomach 2 ; diseases of the eye 2 ; and single instances of such conditions as pregnancy, fibroids, hypertension, burns, inflammation of ovary, status arthriticus, tachycardia, influenza, ovarian cyst, fractured skull, urethral stricture, myocarditis, coronary thrombosis and typhoid fever.

49. The causes of deaths of non-official Europeans were : blackwater fever 1 ; typhoid fever 1 ; broncho-pneumonia 2 ; acute anterior poliomyelitis 1 ; burns 1 ; peripheral neuritis and cardiac failure 1 ; chronic valvular disease of the heart 1 ; cerebral malaria 1 ; myocarditis and nephritis 1 ; unkown 1.

TABLE VI
NON-OFFICIAL EUROPEANS

	Number	Invalided	Died
Merchants	958	23	3
Missionaries, Males	272	2	1
Missionaries, Females	182	5	1
Mining Community	865	—	1
Women (non-official)	733	26	2
Children (general)	133	—	3
Total	3,143	56	11

(iii) OFFICIAL AFRICAN POPULATION

TABLE VII

	Number resident	Number invalided	Number of deaths	
	6,286	45	18	

50. The number of African officials resident rose from 5,813 to 6,286. The number of invalidings rose from 41 to 45 and deaths rose from 11 to 18.

51. The causes of invalidings of African officials were : defective vision 9 ; hypertension 6 ; pulmonary tuberculosis 7 ; diseases of the central nervous system 2 ; neuroses 8 ; and single cases of the following : chronic bronchitis, gallstones, salpingitis, phlebitis, tuberculosis of the spine, diabetes, deafness, aortic aneurysm, jaundice, hernia, post-partum debility, fibroids, and arthritis.

52. The causes of deaths of African officials were : cerebral haemorrhage 4 ; septicaemia 2 ; generalised peritonitis 2 ; cardiac disease 2 ; and one each of the following conditions : carcinoma, Thomsen's disease, chronic bronchitis, urethral stricture, dysphagia, diabetes mellitus, intestinal obstruction, typhoid fever.

(IV) HYGIENE AND SANITATION

Matters concerning Housing and Town Planning, Labour and Water Supplies are now directly controlled by separate and independent departments. These departments issue comprehensive reports which make it unnecessary to include more than a few general comments in this report. Substantial improvements are being planned by the Labour Department, which keeps in close touch with this Department and is always prepared to accept advice on matters concerning the health of labour.

There is an acute shortage of housing in the larger centres and many buildings, now providing overcrowded accommodation, are overdue for demolition. Large building schemes are required to remedy the situation but the shortage of building materials, here as elsewhere, retards progress and it will be some years before appreciable improvement can be expected. Much remains to be done in the way of improved water supplies but this also must await the availability of necessary materials.

53. *Food in relation to Health and Disease.*—The nutritional condition of the people as a whole is probably better than in many other tropical countries but, nevertheless, there is evidence of fairly general dietary deficiencies. Particularly is this so in the case of children and migrant labourers who frequently exhibit a substantial degree of malnutrition.

The local diet is chiefly deficient in protein and members of the vitamin B complex but in some places, such as the Northern Territories, there is also a deficiency of vitamins A and C and, at times, even of adequate energy values. As is well known, lowered resistance resulting from malnutrition plays an important part in the causation and course of many diseases and an improved and adequate diet must be regarded as the first essential in improving the health and welfare of the people of the Gold Coast. The solution of this problem depends largely on agricultural development leading to an increased production of local foodstuffs, particularly those rich in protein and essential food factors.

Foods rich in protein are usually also rich in the vitamin B group and the acreage under such crops as beans, groundnuts, etc., should be substantially increased. The possibilities of the large-scale production of rice would appear to be worthy of consideration.

The extension of the fishing industry, combined with modern large-scale processing and transportation in suitable conveyances, could do much to augment the scanty protein ration in the hinterland. The culture of suitable types of fresh-water fish in stews should also be considered. The construction of fish-stews might go hand in hand with the provision of rural water supplies.

Education and propaganda are important in the prevention of malnutrition but their effectiveness depends on the availability of suitable foodstuffs in sufficient quantities to meet requirements. But even in existing conditions much can be done by advising on the best methods of using such local supplies as are in common use.

54. *Mosquito Control.*—The control of domestic breeding proceeded as previously throughout 1946. Some 3,405,993 house and compound inspections were made. On 8,392 occasions mosquito breeding was found, yielding a larval index of 0.25 per cent.

55. *School Hygiene.*—There is no established school medical service. School children when sick are referred to the district hospitals. District medical officers also carry out periodical inspections of the schools in their districts when their many other duties permit. This service will be developed as soon as adequate staff becomes available.

56. *Vaccinations.*—During the period under review 549,341 vaccinations and re-vaccinations against smallpox were carried out. Of this total 274,525 persons were examined later and gave a positive rate of 88.78 per cent.

II—SPECIAL SERVICES

(V) PORT HEALTH AND AIR TRAFFIC

57. No port or airport was declared infected during the year.

(VI) MATERNITY AND CHILD WELFARE

TABLE VIII

Type of Centre	Attendances	
	Children	Expectant Mothers
Government Centres 	39,353	30,269
Red Cross Centres	38,690	37,672
Mission Centres 	90,860	4,971
Total 	168,903	72,912

In 1945 the total attendances were 192,683, and 74,121 respectively. There were 129,305 attendances at the district weighing centres at Accra and Kumasi during the year, an increase of 5,303 attendances. Work at the Welfare Clinics is still in excess of what can be reasonably undertaken by the limited staffs employed.

(VII) HOSPITALS, DISPENSARIES, LABORATORIES, ETC.

58. No extra hospital accommodation, with the exception of a Maternity Ward at Kumasi, was provided during the year and once again a heavy strain has been put on what accommodation there is. In Return A of this Report it will be seen that a total of 38,132 in-patients were treated, compared with 37,107 in 1945, i.e. an increase of 1,025.

The total number of deaths that occurred in hospitals in 1946 was 2,509, or approximately 6·9 per cent of the total number of in-patients treated. In 1945 the percentage was 7 and, in 1944, 7·2.

The total number of out-patients treated was 475,572 compared with 493,962 in 1945, a decrease of 18,390.

The laboratories of the Medical Research Institute carried out 21,345 bacteriological, pathological, and chemical examinations. Two hundred and eighty-six post-mortem examinations were carried out. The Report from the Chemical Laboratory showed a sharp increase in the total number of samples examined as compared with 1945. Samples examined were 1,397 in 1946 as compared with 578 in 1945 and the total increase of 819 was nearly all accounted for by the large increase in the samples examined for the Customs Department. The Government Chemist writes :—

“ The number of imported medicines examined is by far the highest in the history of the laboratory and it is somewhat disturbing because a high proportion of these medicines are of doubtful value. It is unfortunate if the local population should be tempted to spend money on preparations that are likely to do more harm than good, in that their use might cause individuals to delay seeking proper medical treatment when necessary ”.

The Government Chemist also draws attention to a number of samples, which were received from Bathurst, of a locally compounded intoxicating drink, following the consumption of which poisoning had occurred. He writes :—

“ It was found that the drink was composed almost wholly of ethylene glycol such as is used in the de-icing and cooling systems of aircraft With the increase of air services ethylene glycol is likely to become common in West Africa and there may be further cases of poisoning when its undoubted intoxicant properties become known.”

(VIII) TRAINING OF MEDICAL AND HEALTH PERSONNEL

59. As in previous years, training of junior staff was undertaken at the principal hospitals. Reference has already been made at the beginning of this Report (paragraphs 7 and 8) to the training and examination results of Druggists, Midwives, and Sanitary Inspectors.

III—FINANCE

Branch	EXPENDITURE FOR THE PERIOD JANUARY, 1946 TO DECEMBER, 1946		Total
	Ordinary	Extraordinary	
	£ s. d.	£ s. d.	£ s. d.
A. Medical and General 	284,733 4 7	301 4 2	285,034 8 9
B. Health Branch 	204,197 2 10	18,045 6 10	222,242 9 8
C. Laboratory 	7,222 7 1	—	7,222 7 1
D. Nurses' Training School, etc. 	5,194 8 10	—	5,194 8 10
Total 	501,347 3 4	18,346 11 0	519,693 14 4
Total Gold Coast Government Expenditure	4,781,069 19 0	716,098 7 0	5,497,168 6 0
Percentage of total to total for the Gold Coast for the period January to December, 1946 ...	10·5		

N. C. MACLEOD
Acting Director of Medical Services.

MEDICAL DEPARTMENT,
ACCRA,
25th July, 1947.

RETURN A

Return of Diseases and Deaths (In-patients) and Diseases (Out-patients) for the Year 1946

Diseases	IN-PATIENTS							OUT-PATIENTS	
	Remaining in hospital on 31st Dec., 1945	Yearly Total				Total cases treated	Remaining in hospital on 31st Dec., 1946	Males	Females
		Admissions		Deaths					
		Males	Females	Males	Females				
1. (a) Typhoid fever	8	83	33	16	8	124	9	35	12
(b) Paratyphoid fever	1	25	4	—	—	30	2	5	3
(c) Type not defined	1	11	2	1	1	14	—	2	1
2. Typhus fever	—	4	—	—	—	4	—	—	—
3. Relapsing fever	—	—	—	—	—	—	—	—	—
4. Undulant fever	—	—	—	—	—	—	—	—	—
5. Smallpox	—	11	8	—	1	19	5	219	139
6. Measles	1	42	15	—	1	58	2	384	306
7. Scarlet fever	—	—	—	—	—	—	—	6	11
8. Whooping cough	—	14	6	—	1	20	—	546	494
9. Diphtheria	—	1	1	—	—	2	—	2	1
10. Influenza—									
(a) with respiratory complications ...	1	16	—	—	—	17	1	16	2
(b) without respiratory complica- tions	—	16	5	1	—	21	—	76	36
11. Cholera	—	—	—	—	—	—	—	—	—
12. Dysentery—									
(a) Amoebic	2	281	111	22	9	394	20	341	202
(b) Bacillary	4	87	50	3	4	141	3	79	55
(c) Unclassified	—	54	23	12	2	77	2	673	485
13. Plague—									
(a) Bubonic	—	—	—	—	—	—	—	—	—
(b) Pneumonic	—	—	—	—	—	—	—	—	—
(c) Septicæmic	—	—	—	—	—	—	—	—	—
14. Acute poliomyelitis	—	11	2	2	1	13	—	5	4
15. Encephalitis lethargica	—	4	—	3	—	4	—	—	—
16. Cerebro-spinal fever	1	103	53	43	20	157	—	81	41
17. Rabies	—	4	1	4	1	5	—	2	3
18. Tetanus	9	71	31	28	17	111	2	56	33
19. Tuberculosis of the respiratory system	30	474	104	216	32	608	52	1,123	286
20. Other tuberculous diseases	12	106	21	16	1	139	18	129	49
21. Leprosy	607	191	94	34	7	892	642	334	206
22. Venereal diseases—									
(a) Syphilis	17	138	17	7	—	172	9	772	344
(b) Gonorrhœa, complications and sequelæ	39	1,405	247	28	1	1,691	46	7,706	1,546
(c) Other V. D.	5	354	43	7	—	402	11	1,207	365
23. Yellow fever	—	—	—	—	—	—	—	—	—
24. Malaria—									
(a) Benign tertian	—	114	14	—	—	128	7	442	160
(b) Subtertian	34	939	331	28	19	1,304	21	6,943	4,160
(c) Quartan	—	136	80	3	1	216	—	160	128
(d) Unclassified	32	1,015	451	26	14	1,498	30	19,251	13,471
25. Blackwater fever	—	13	10	3	2	23	—	4	3
26. Kala-azar	—	—	—	—	—	—	—	—	—
27. Trypanosomiasis	131	575	263	44	14	969	130	1,639	779
28. Yaws	9	171	62	3	1	242	21	85,736	47,898
29. Other protozoal diseases	—	22	2	—	—	24	—	593	446
30. Ankylostomiasis	8	340	131	36	7	479	11	2,276	1,659
31. Schistosomiasis	3	183	43	6	4	229	11	1,447	417
32. Other helminthic diseases	13	288	110	8	5	411	9	3,578	2,075
33. Other infectious and/or parasitic diseases	10	487	83	14	3	580	7	1,150	480
34. Cancer and other tumours—									
(a) Malignant	3	61	49	13	6	113	2	35	31
(b) Non-malignant	6	80	100	2	7	186	3	277	182
(c) Undetermined	3	16	36	2	1	55	2	106	70
35. Rheumatic conditions—									
(a) Rheumatic Fever	—	9	4	—	—	13	1	39	18
(b) Other rheumatic conditions ...	4	216	65	2	1	285	9	12,149	5,951
36. Diabetes	—	22	17	4	3	39	3	39	33
37. Scurvy	—	6	4	—	2	10	—	4	1
38. Beriberi	1	5	—	2	—	6	—	5	1
39. Pellagra	—	12	4	4	2	16	1	37	22
40. Other diseases—									
(a) Nutritional	7	157	111	37	32	275	16	826	744
(b) Endocrine glands and general	9	64	39	2	—	112	6	428	359
41. Diseases of the blood and blood- forming organs	32	223	187	31	24	442	37	841	840
42. Acute and chronic poisoning	1	61	23	9	1	85	1	23	13
43. Cerebral hæmorrhage	—	47	12	32	3	59	—	49	7
44. Other diseases of the nervous system	26	318	105	43	16	449	25	2,200	977
45. Trachoma	—	20	11	—	—	31	—	31	40
46. Other diseases of the eye and annexa	22	502	439	2	—	963	32	9,062	5,525
47. Diseases of the ear and mastoid sinus	5	122	59	1	—	186	4	4,084	2,318
48. Diseases of the circulatory system—									
(a) Heart diseases	6	252	92	108	18	350	20	338	173
(b) Other circulatory diseases ...	4	84	38	14	1	126	3	335	350

RETURN—*contd.*Return of Diseases and Deaths (In-patients) and Diseases (Out-patients) for the Year 1946—*contd.*

Diseases	IN-PATIENTS							OUT-PATIENTS	
	Remaining in hospital on 31st Dec., 1945	Yearly Total				Total cases treated	Remaining in hospital on 31st Dec., 1946	Males	Females
		Admissions		Deaths					
		Males	Females	Males	Females				
49. Bronchitis	12	365	125	10	6	502	14	11,632	6,403
50. Pneumonia—									
(a) Broncho-pneumonia	7	237	143	63	33	387	9	289	212
(b) Lobar-pneumonia	18	637	219	44	17	874	46	420	198
(c) Otherwise defined	14	189	74	20	11	277	8	309	157
51. Other diseases of the respiratory system	14	298	110	17	5	422	14	3,842	1,686
52. Diarrhoea and enteritis—									
(a) Under 2 years of age	1	83	30	8	5	114	—	2,143	1,731
(b) Over 2 years of age	8	407	144	26	11	559	7	3,716	2,002
53. Appendicitis	1	56	34	3	2	91	18	46	15
54. Hernia, intestinal obstruction	29	996	62	66	11	1,087	17	1,602	70
55. Cirrhosis of the liver	1	64	18	20	5	83	5	49	31
56. Other diseases of the liver and biliary passages	8	173	34	23	3	215	3	265	121
57. Other diseases of the digestive system	25	662	307	32	9	994	30	18,905	8,167
58. Nephritis (all forms)—									
(a) Acute	4	40	21	7	5	65	—	151	52
(b) Chronic	9	115	45	32	11	169	2	166	117
59. Other non-venereal diseases of the genito-urinary system	64	782	818	40	16	1,664	48	3,412	4,943
60. Pregnancy, child-birth, and the puerperal state (including normal labour and maternal welfare)	81	—	3,175	—	150	3,256	103	—	33,213
(a) Abortion	14	—	734	—	7	748	17	—	613
(b) Ectopic gestation	2	—	53	—	8	55	2	—	22
(c) Toxæmias of pregnancy	2	—	41	—	4	43	1	—	17
(f) Other conditions of the puer- peral state	7	—	617	—	64	624	76	—	458
61. Diseases of the skin, cellular tissue, bones and organs of locomotion	267	4,308	1,435	122	73	6,010	220	5,1994	26,641
62. Congenital malformations and dis- eases of early infancy (including infant welfare)	5	177	172	27	20	354	13	1,032	1,081
(a) Congenital debility (children under 1 year)	4	55	50	6	5	109	—	60	75
(b) Premature birth (children under 1 year)	4	82	126	12	12	212	17	45	99
(c) Injury at birth (children under 1 year)	1	8	8	—	—	17	—	1	2
63. Senility	1	76	45	7	2	122	10	76	74
64. External causes—									
(a) Suicide	—	7	1	7	1	8	—	2	—
(b) Other forms of violence	162	2,447	550	109	37	3,159	137	10,757	2,669
65. Ill-defined	47	509	333	42	17	889	58	7,572	4,335
Total	1,919	22,839	13,370	1,665	844	38,128	2,111	286,412	189,159

